

DENTIST RECRUITMENT FORM

If your dentist is not on The Dental Care Plus Group (DCPG) online directory, please fill out the information below so that we may contact your dentist and invite him/her to join our networks.

Please print neatly.

Dentist's Name: _____

Address: _____

City, State, Zip: _____

County: _____ Phone Number: _____

Your name: _____

Employer (**do not abbreviate**): _____

Date of enrollment meeting or today's date: _____

May we use your name in our recruiting efforts with your dentist?

Yes ____ No ____

Please return this form with your application. You may also fax this form to 513-618-3881, Attention: Provider Relations. The completion of this form is a request for DCPG to begin the recruitment process with your dentist. The completion of this form does not guarantee that your dentist will become a participating provider.

Please search our online directory for the most current listing of providers at www.dentalcareplus.com.